

**Humana Healthy Horizons™ in Louisiana**

**Humana Healthy Horizons  
in Louisiana  
Utilization Management  
Committee Charter**

**2023**

## Introduction

This Charter defines the Purpose, Composition, Scope, Manner of Acting and Reports of the Humana Healthy Horizons in Louisiana Utilization Management (UM) Committee.

## Purpose

The purpose of the UM Committee is to direct the UM program and its activities of Humana Healthy Horizons in Louisiana. The UM Committee uses a centralized approach to the UM program by forming one committee that assumes the responsibility for the monitoring and utilization of services of Humana Healthy Horizons in Louisiana (the Plan) and its providers. The Committee provides operational and delegated UM authority oversight for the UM program activities. A UM program and committee are requirements of the State of Louisiana, CMS, and NCQA accreditation.

The UM Committee is responsible for development and implementation of a written UM Program Description, which incorporates the strategic direction provided by the governing body. The Committee provides a forum for members of the Committee to engage in review, coordination and direction of the UM program. The Committee is charged with overseeing the establishment and integration of the UM program and measurement of utilization activities on a regular basis.

## Structure

The UM Committee is structured to provide oversight of the UM program for Humana Healthy Horizons in Louisiana. The UM Committee reports to the LA Quality Assessment & Performance Improvement (QAPI) Committee. The QAPI Committee reports on Plan metrics, including UM Metrics, to the Corporate Quality Improvement Committee (CQIC) and ultimately to the Internal Board/ Executive Committee.



## Composition

The UM Committee has the involvement of the health plan's medical and behavioral directors. It also includes membership from a variety of health professionals from across the Plan (e.g., care management, pharmacy, nursing), as well as participating network providers from a variety of medical and behavioral disciplines.

Humana Healthy Horizons in Louisiana's Chief Medical Officer serves as chair of the UM Committee. Voting members include, but are not limited to:

- Chief Medical Director – Committee Chair
- Physical & Behavioral Health Medical Directors
- Pharmacy Director or delegated representative
- Health Services Director(s)
- Physical & Behavioral Health UM Manager(s) throughout the organization and Implementing process improvement
- Quality Management (QM) Leadership

Regular and/or non-voting members include, but are not limited to:

- Additional Health Plan Leadership, as appropriate
- Additional Humana National Medicaid Leadership or their delegated representative, as appropriate
- LDH Representative(s), as requested

## Scope

As delineated in the UM Program Description, the primary function of the UM Committee is to provide delegated authority and operational oversight for the UM program of Humana Healthy Horizons in Louisiana. This authority is delegated to the UM Committee by the Quality Assessment & Performance Improvement (QAPI) Committee.

The UM Committee's responsibilities include:

- Monitoring providers' requests for Prior Authorization (PA) of health care services to members; medical appropriateness and necessity of health care services provided to members utilizing provider quality and utilization profiling data
- Reviewing the effectiveness of the utilization review process and making changes to the process as needed
- Reviewing, updating, and approving Policies & Procedures (P&P's) that conform to industry standards, including methods, timeliness and individuals responsible for completing each task
- Monitoring consistent application of service authorization criteria
- Monitoring over- and under-utilization of services
- Review outliers
- Monitor health record reviews
- Maintains written minutes of all committee and subcommittee meetings and submits meeting minutes to LDH upon request

## *Manner of Acting*

The UM Committee meets at least quarterly and reports to the Plan's Quality Assessment & Performance Improvement (QAPI) Committee. A quorum of voting members in attendance of any duly authorized meeting (either in person or by telephone) is necessary for Committee action. A quorum is defined as fifty percent of the voting membership plus one. Voting members are expected to attend each meeting; in their absence proxy representation is required. The Committee Chair will be the determining vote in the event of a tied vote.

Committee representatives will report on their respective areas as outlined in the UM Section of the Quality Improvement Work Plan (QIWP) (reporting calendar). Each representative will be expected to submit any required written reports ten days prior to the meeting, to allow time for Committee members to review the reports in preparation for the meeting. Reports will be placed on a shared drive for review by Committee members.

## *Reports*

The UM Committee maintains a record of all UM Committee minutes, UM Statistics, and recommendations for improvement of the UM Program.

The UM Program incorporates numerous measures in order to monitor and evaluate progress toward meeting goals. Data is collected, analyzed, trended and monitored on a systematic basis to facilitate corporate QI and to address any barriers that may be identified. Trends can be indicators of improvement or reveal where improvement may be needed and aid the Plan in identifying and reducing inappropriate, duplicative, and overuse of health care services. UM Data is collected through a number of various system reporting programs and dashboards to gather relevant member and provider data to review early indicators of trends for specific measures of interest. Data may be pulled in a number of ways to identify member and provider specific service types, services utilized by regions, volume of utilization, and other ad hoc indicators based on trend. The reports and dashboards are readily available to leaders and data available to be reviewed on a consistent basis as well as on an ad hoc basis. All state required reporting data will be collected as per contract requirements.

We use our first year of operations as a data collection period in new markets and set targets based on that data. Our target rates are adjusted based on these evaluations and suggestions for changes by the UM and QAPI Committees. Potential measures include but are not limited to the following:

- Acute Admits per 1000 members
- Inpatient days per 1000 members
- Long Term Acute Care Admits per 1000 members
- Rehabilitation Admits per 1000 members
- Readmission Rates within 30 days
- Emergency Room Visits per 1000 members
- Observation Rate
- Rate of Preventive visits

The UM Committee will submit all minutes and reports to the QAPI Committee and to LDH upon request. The UM Health Services Director(s) shall report quarterly on behalf of the Committee to the Plan's QAPI Committee, and ultimately to the Corporate Quality Improvement Committee and the Internal Board/Executive Committee.

As part of the QAPI program and reviewed as a component of the UM Committee, trends of over and underutilization of services are identified, reviewed, and acted on. The reports on over and underutilization are included on the annual QAPI Work Plan and findings are included in the annual UM and QAPI Annual Evaluations. The Plan analyzes available data ensuring that our members are properly accessing care.

In addition, members who are identified as having inappropriate, duplicative or over utilizers of health care services are referred to Case Management for education. Referrals will be completed for these members no more than once per quarter.

Approved:

[Signature]  
Chief Medical Director, Committee Chair  
Humana Healthy Horizons in Louisiana

[Date]

DRAFT